

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0144
Date:	7-15-2022
Amount Paid:	\$150 6-14-22 Res Add/Att JLG
Other:	
Refund:	



INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Steven & Mary Jo Hughes				Mailing Address: 20371 Siskiwit Shores Dr. Cornucopia				City/State/Zip: Same				Telephone: 763-464-1781			
Address of Property: Same				City/State/Zip: Same				Cell Phone: 763-464-1781				Plumber Phone: 715-209-1644			
Email: (print clearly) maryjo.hughes@gmail.com				Contractor Phone: 715-475-8462				Plumber: Jeff P. Pargass				Written Authorization Required (for Agent)			
Contractor: Matt Lazorik				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Recorded Document: (Showing Ownership) prop tax sheet			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Tax ID# 7474				Recorded Document: (Showing Ownership) prop tax sheet				Subdivision: Platz P46 + IN V. 7 of And less V1131			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Gov't Lot SW		Lot(s)		CSM		Vol & Page		CSM Doc #		Block #	
1/4, 1/4															
Section 20		Township 50 N, Range 06 W		Town of: Bell		Lot Size		Acreage 8.330							

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline : 650 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 50,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conventional Septic System	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 28'	Width: 32'	Height: 20'
Proposed Construction: (overall dimensions)	Length: 20'	Width: 20'	Height: 22'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) 2-story: lower level bedroom, upper level living/dining	( 20 X 20 )	800 sq ft
	<input type="checkbox"/>	Accessory Building (explain)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mary Jo Hughes, Steven Hughes  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date 5/18/22

Authorized Agent: (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

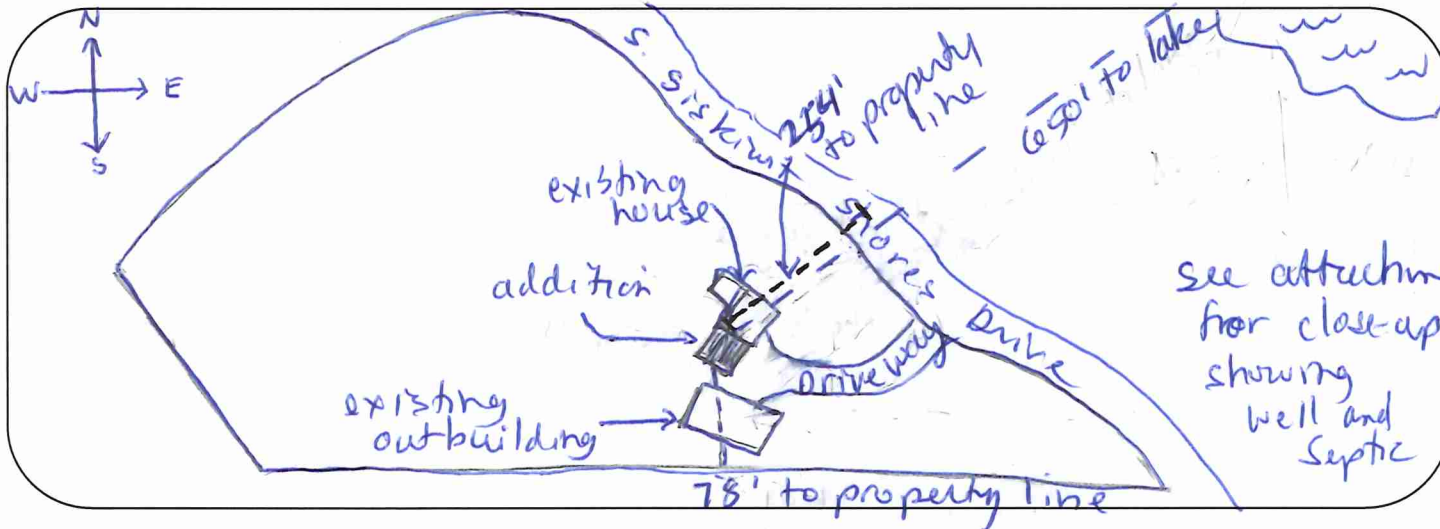
All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	254' Feet	Setback from the Lake (ordinary high-water mark)	650 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
		Setback from the Bank or Bluff	
Setback from the North Lot Line	150' Feet		
Setback from the South Lot Line	78' Feet	Setback from Wetland	
Setback from the West Lot Line	627' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	543' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	47' Feet	Setback to Well	10 Feet
Setback to Drain Field	65' Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

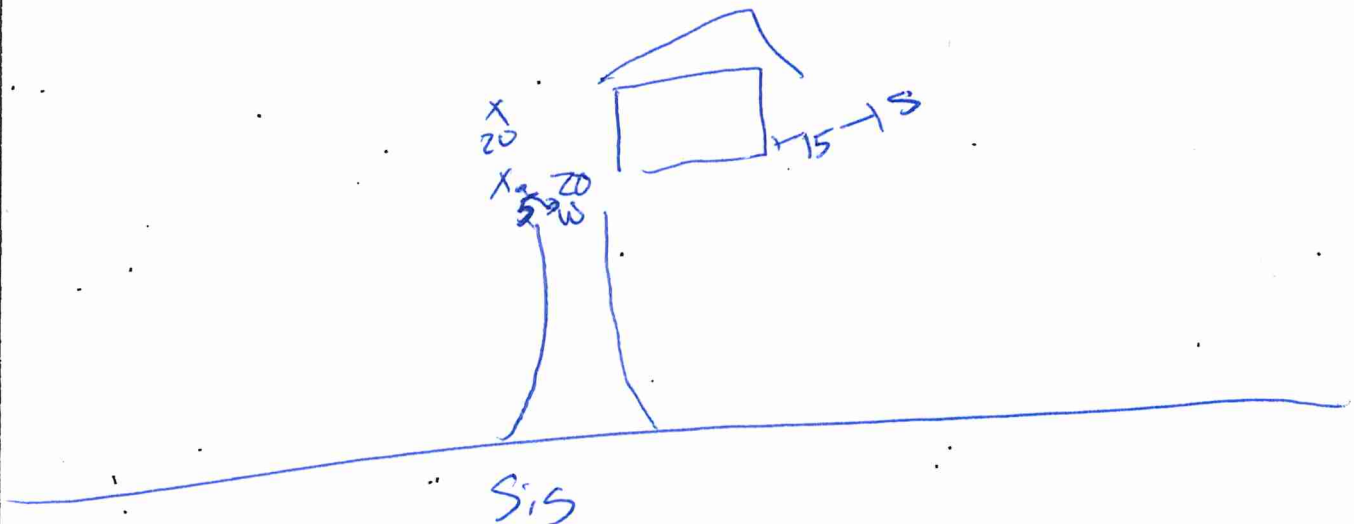
Issuance Information (County Use Only)	Sanitary Number: 45 425182	# of bedrooms: 3	Sanitary Date: 5-19-04
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0144	Permit Date: 7-15-2022		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: owner was on-site. Confirmed location of proposed structure, well, + septic. State proposed structure was staked prior to my arrival		Zoning District ( R1 ) Lakes Classification ( )	
Date of Inspection: 6-23-2022	Inspected by: [Signature]	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) To meet all set backs, including eaves and over hangs. For personal use only. Only one bedroom and personal storage is permitted. Town/State/DNR permits may be needed.			
Signature of Inspector: [Signature]		Date of Approval: 6-25-2022	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

# Field Investigation

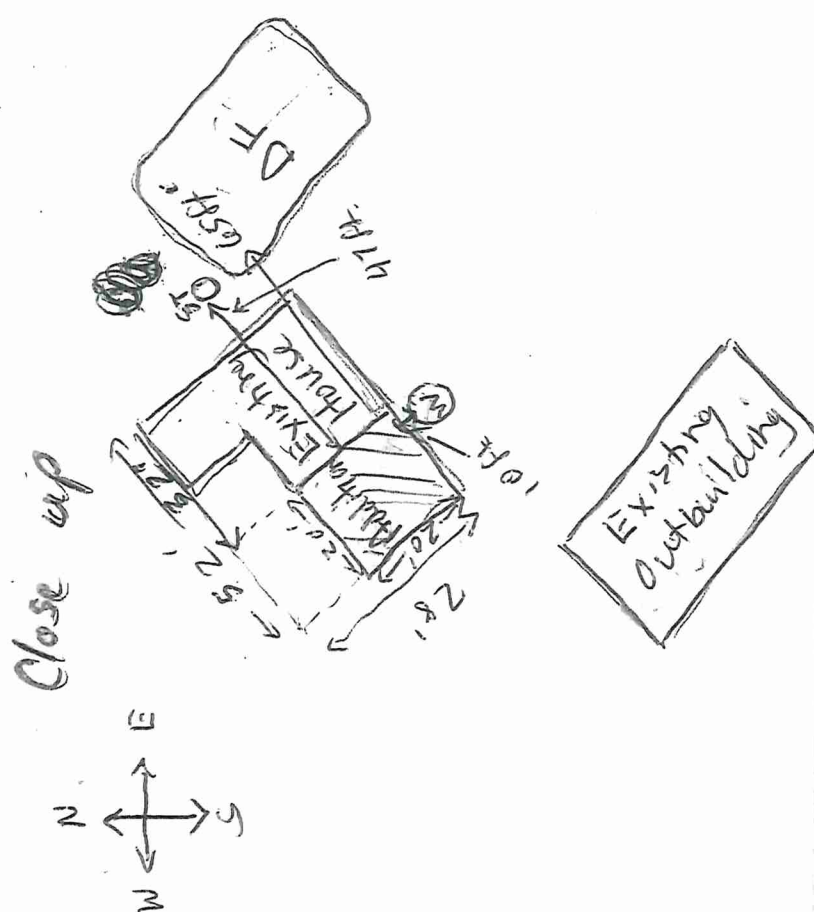
Date: 6-21-22	Arrive: 8:40	Depart: 8:47
Landowner: Hughes, Steven + Mary	Photos taken: Yes	No
Project Location: 20371 Siskiwit Shores Dr.	Persons Present: EM + Homeowner	
Waterway: Orucopia	Purpose of visit:	
PIN# _____ *Attach Real Estate Inquiry*	<input type="checkbox"/> ZP Onsite <input type="checkbox"/> Sanitary <input type="checkbox"/> Floodplain <input type="checkbox"/> Boathouse <input type="checkbox"/> Averaging <input type="checkbox"/> Other: _____	<input type="checkbox"/> SAP <input type="checkbox"/> Wetland Delineation <input type="checkbox"/> OHWM <input type="checkbox"/> Complaint <input type="checkbox"/> Walkout
Paid \$ _____	Receipt # _____	

20x70 R1  
8.33 acres  
Addition  
Bedroom/storage

425182 Jan  
5-19-04 3  
15-03-75 Land  
9-30-15 pole  
04-02-34 2 bedroom steel







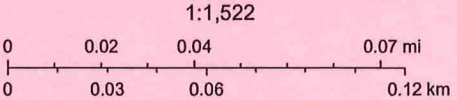


Bayfield County, WI



6/21/2022, 9:06:53 AM

- Rivers
- Approximate Parcel Boundary
- Building Footprint 2015
- Lakes
- Road Type
- Town
- Building



Bayfield County Land Records Department





Description	Updated: 7/22/2015
Tax ID:	7474
PIN:	04-010-2-50-06-20-2 05-004-10000
Legacy PIN:	010103309000
Map ID:	
Municipality:	(010) TOWN OF BELL
STR:	S20 T50N R06W
Description:	PAR IN SW CORNER OF GOVT LOT LESS PLAT OF SISKIWIT SHORES SUBDV IN V. 7 OF PLATS P 46+ AND LESS V. 1131 P.568
Recorded Acres:	8.330
Calculated Acres:	8.338
Lottery Claims:	0
First Dollar:	Yes
Zoning:	(R-1) Residential-1
ESN:	107

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
010	TOWN OF BELL
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 6/4/2014
WARRANTY DEED	
Date Recorded: 9/15/2014	2014R-555872 1131-568
CONVERSION	
Date Recorded: 3/15/2006	473963 774-1059;827-306

Ownership	Updated: 7/22/2015
STEVEN R & MARY J HUGHES TRUSTEES	
MAPLE PLAIN MN	
Billing Address:	Mailing Address:
STEVEN R & MARY J HUGHES TRUSTEES	STEVEN R & MARY J HUGHES TRUSTEES
2870 LAKE SARAH RD	2870 LAKE SARAH RD
MAPLE PLAIN MN 55359	MAPLE PLAIN MN 55359

Site Address	* indicates Private Road
20371 S SISKIWIT SHORES RD	CORNUCOPIA 54827

🏠 Property Assessment		Updated: 8/10/2017	
2022 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	8.330	28,500	124,400
2-Year Comparison			
	2021	2022	Change
Land:	28,500	28,500	0.0%
Improved:	124,400	124,400	0.0%
Total:	152,900	152,900	0.0%

Property History
N/A

Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – Existing (# 425182)  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0144** Issued To: **Steven & Mary Hughes**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **20** Township **50** N. Range **6** W. Town of **Bell**

**PAR IN SW CORNER OF GOVT LOT LESS PLAT OF SISKIWIT SHORES SUBDV IN V. 7 OF PLATS P 46+ AND  
LESS V. 1131 P.568**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

**Residential Structure in R-1 zoning district**

For: **Add/Alt: [ 2-Story ], Lower level bedroom (20' x 20') & Upper level living/storage (20' x 20') = 800 sq. ft.  
Height of 22'**

**Condition(s):** **A Uniform Dwelling Code (UDC) Permit from the locally contracted UDC Inspection Agency must be obtained prior to the start of construction (if applicable). Meet and Maintain Setbacks as approved including eaves and overhangs. For personal use only. Town/State/DNR permits may be required.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Erica Meulemans, AZA**

Authorized Issuing Official

**July 15, 2022**

Date



RECEIVED

ENTERED

BAYFIELD COUNTY  
SANITARY PERMIT APPLICATION

JUN 07 2022

Bayfield Co.

Planning and Zoning Agency

Zoning District \_\_\_\_\_

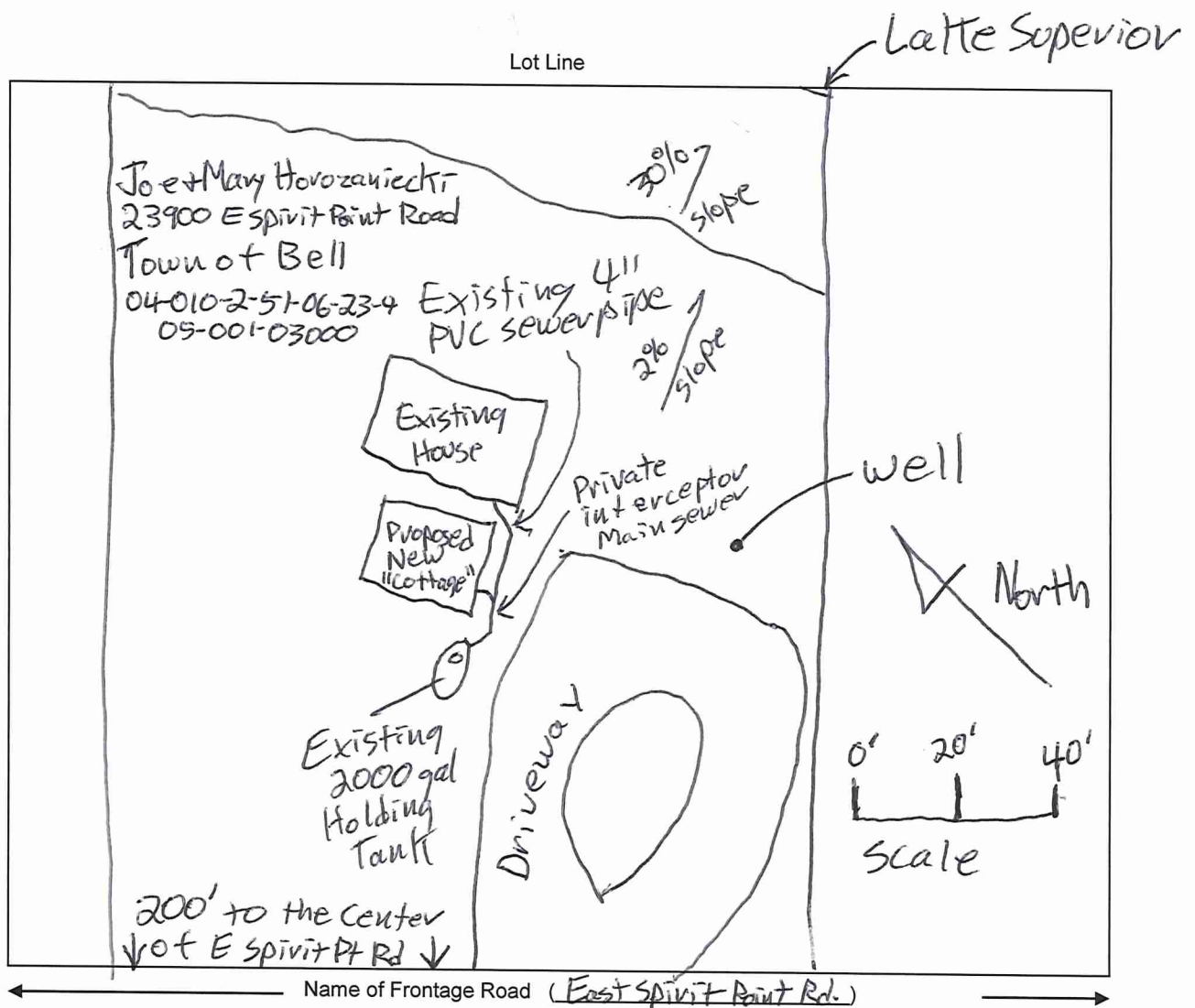
Lakes Class \_\_\_\_\_

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No: <u>343-00</u>		County Permit No: <u>367560-22-0141</u>	
Property Owner's Name: <u>Joe + Mary Horozaniecki</u>				County: <u>Bayfield</u>			
Address of Property: <u>23900 E Spirit Point Rd</u>				Property Location: <u>1/4 1/4 S 23 T 51 N R 06 E (or) W</u>			
Property Owner's Mailing Address: <u>24981 Bay Cedar dr</u>				Township: <u>BELL</u>		Gov. Lot #: <u>1 Par 2+3</u>	
City, State <u>Bonita Springs, FL</u>	Zip Code <u>34134</u>	Phone Number <u>715-204-3977</u>	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name
<b>II. TYPE OF BUILDING:</b> (Check One)				Tax ID#: <u>04-010-2-51-06-23-4 05-001-03000</u> <u>7651</u>			
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>3</u>							
<b>III. TYPE OF PERMIT:</b> (Check only one box on line A. Check box on line B, if applicable)							
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____ B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number.</b> _____ <b>Date Issued:</b> _____							
<b>IV. TYPE OF NON-PLUMBING SYSTEM:</b> (Check One) * Replacements need previous permit number and date filled out above							
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet							
<b>V. ABSORPTION SYSTEM INFORMATION:</b>							
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)	
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed
		New Tanks	Existing Tanks				
Septic Tank or Holding Tank		<u>—</u>	<u>2000</u>	<u>2000</u>	<u>1</u>	<u>Wieser</u>	<u>X</u>
Lift Pump Tank / Siphon Chamber							
<b>VII. RESPONSIBILITY STATEMENT:</b>							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.							
<b>Owner's Name(s):</b> (Print) If applying for Section C above				<b>Owner's Signature(s):</b> (No Stamps)			
Plumber's Name: (Print) If applying for Section A or B above <u>Adrien Cadz</u>				Plumber's Signature: (No Stamps) <u>Adrien Cadz</u>		MP/MPSW No: <u>922139</u>	
Plumber's Address: (Street, City State, Zip Code) <u>3160 Birch Grove Rd Washburn WI 54891</u>				Home Phone: <u>715-373-2378</u>		Business Phone: <u>715-373-2378</u>	
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>							
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <u>\$50 6-24-22 JIG</u> <u>Priv. Interceptor</u>		Date Issued: <u>7-15-22</u>	
<input type="checkbox"/> Owner Given Initial Adverse Determination						Issuing Agent's Signature / Date: <u>7/12/22</u>	
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>							
<u>NOT To Have More Than 4 Bedroom/sleeping areas without additional septic capacity</u>							

Plot Plan on reverse side







1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field.

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures.

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- a. Building to all lot lines
- b. Building to centerline of road
- c. Building to lake, river, stream or pond
- d. Septic / holding tank to closest lot line
- e. Septic/holding tank to building
- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY**

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891





# Bayfield County, WI



PRPID/Tax ID #7655  
DEREK J & ANNA M NESSETH

PRPID/Tax ID #7653  
KATHRYN AUSTED TIEZENTRUST

PRPID/Tax ID #7652  
JOSIAH L & KRISTA M TKACH

23860 E SPIRIT POINT RD 23860 E SPIRIT POINT RD

PRPID/Tax ID #7649  
JOHN E CLAYBURGH

PRPID/Tax ID #7651  
JOE & MARY HOROZANIECKI

E Spirit Point Rd

23900 E SPIRIT POINT RD 23900 E SPIRIT

Bluff ID 82



# Real Estate Bayfield County Property Listing

Today's Date: 6/7/2022

Property Status: **Current**

Created On: 3/15/2006 1:15:02 PM



## Description

Updated: 6/28/2021

**Tax ID:** 7651  
**PIN:** 04-010-2-51-06-23-4 05-001-03000  
 Legacy PIN: 010105105000  
 Map ID:  
 Municipality: (010) TOWN OF BELL  
 STR: S23 T51N R06W  
 Description: PAR 2 & 3 IN GOVT LOT 1 IN V.423 P.163 & 335  
 Recorded Acres: 2.640  
 Calculated Acres: 2.641  
 Lottery Claims: 0  
 First Dollar: Yes  
 Zoning: (R-1) Residential-1  
 ESN: 107



## Tax Districts

Updated: 3/15/2006

1 STATE  
 04 COUNTY  
 010 TOWN OF BELL  
 044522 SCHL-SOUTHSHORE  
 001700 TECHNICAL COLLEGE



## Recorded Documents

Updated: 3/15/2006

### CONVERSION

Date Recorded: 423-163



## Ownership

Updated: 6/28/2021

**JOE & MARY HOROZANIECKI** BONITA SPRINGS FL

### Billing Address:

**JOE & MARY HOROZANIECKI**  
 24981 BAY CEDAR DR  
 BONITA SPRINGS FL 34134

### Mailing Address:

**JOE & MARY HOROZANIECKI**  
 24981 BAY CEDAR DR  
 BONITA SPRINGS FL 34134



## Site Address \* indicates Private Road

23900 E SPIRIT POINT RD CORNUCOPIA 54827



## Property Assessment

Updated: 7/22/2016

### 2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.640	208,600	68,100

### 2-Year Comparison

	2021	2022	Change
<b>Land:</b>	208,600	208,600	0.0%
<b>Improved:</b>	68,100	68,100	0.0%
<b>Total:</b>	276,700	276,700	0.0%



## Property History

N/A



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **SHORELAND**  
SANITARY – **Private Intercept**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0141** Issued To: **Joe & Mary Horozaniecki**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **23** Township **51** N. Range **6** W. Town of **Bell**

**Par 2 & 3**

Gov't Lot **1** Lot Block Subdivision CSM#

**Residential**

For: **Other:**

**Sanitary - Private Intercept (#367561)**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):**

**Private Intercept for Residence**  
**Not to have more than 4 bedrooms/sleeping areas without additional septic capacity.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated or if any prohibitory conditions are violated.

**Tracy Pooler, AZA**

Authorized Issuing Official

**July 15, 2022**

Date